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| Application Data Sheet 37 CFR 1.76 | | Attorney Docket Number | 40853-5145-US01 |
| | | Application Number | 10/579,620 |
| Title of Invention | GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR | | |

The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.

This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.

Secrecy Order 37 CFR 5.2

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

| | | | | | |
|---|-------------|---|-------------|--|----|
| Applicant 1 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Shawn | | DeFrees | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | North Wales | State/Province | PA | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | United States | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 126 Filly Drive | | | |
| City | North Wales | State/Province | PA | | |
| Postal Code | 19454 | Country | US | | |
| Applicant 2 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Henrik | | Clausen | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | Holte | State/Province | | Country of Residence | DK |
| Citizenship under 37 CFR 1.41(b) | | DK | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | Soebrinken 6 | | | |
| City | Holte | State/Province | | | |
| Postal Code | DK-2840 | Country | DK | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | | | |
|---|------------|---|-------------|--|----|
| Applicant 3 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | David | A. | Zopf | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | Wayne | State/Province | PA | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | United States | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 560 Beechtree Lane | | | |
| City | Wayne | State/Province | PA | | |
| Postal Code | 19087 | Country | US | | |
| Applicant 4 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Zhi-Guang | | Wang | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | Dresher | State/Province | PA | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | United States | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 1473 Golden Drive | | | |
| City | Dresher | State/Province | PA | | |
| Postal Code | 19015 | Country | US | | |
| Applicant 5 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Caryn | | Bowe | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | Doylestown | State/Province | PA | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | United States | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 276 Cherry Lane | | | |
| City | Doylestown | State/Province | PA | | |
| Postal Code | 18901 | Country | US | | |

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|---|--------------|---|-------------|--|----|
| Applicant 6 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Marc | | Schwartz | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | West Windsor | State/Province | NJ | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | United States | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 324 Oak Lane | | | |
| City | West Windsor | State/Province | NJ | | |
| Postal Code | 08550 | Country | US | | |
| Applicant 7 | | | | | |
| Applicant Authority <input checked="" type="checkbox"/> Inventor | | <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 | | <input type="checkbox"/> Party of Interest under 35 U.S.C. 118 | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Bingyuan | | Wu | | |
| Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service | | | | | |
| City | Horsham | State/Province | PA | Country of Residence | US |
| Citizenship under 37 CFR 1.41(b) | | The Peoples Republic of China | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 23 Pebble Drive | | | |
| City | Horsham | State/Province | PA | | |
| Postal Code | 19044 | Country | US | | |
| All Inventors Must Be Listed - Additional Inventor Information blocks may be produced within this form by adding a row beneath this row. | | | | | |

Correspondence Information:

| | |
|---|-----------------------|
| Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a). | |
| <input checked="" type="checkbox"/> An Address is being provided for the correspondence information of this application. | |
| Customer Number | 43850 |
| Email Address | jmann@morganlewis.com |

Application Information:

| | | | |
|--------------------------|--|---|--|
| Title of the Invention | GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR | | |
| Attorney Docket Number | 40853-5145-US01 | Small Entity Status Claimed <input checked="" type="checkbox"/> | |
| Application Type | Regular | | |
| Subject Matter | | | |
| Suggested Class (if any) | | Sub Class (if any) | |

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| Suggested Technology Center (if any) | | | |
| Total Number of Drawing Sheets (if any) | 24 | Suggested Figure for Publication (if any) | 1 |
| Application Data Sheet 37 CFR 1.76 | | Attorney Docket Number | 40853-5145-US01 |
| | | Application Number | 10/579,620 |
| Title of Invention | GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR | | |
| Publication Information: | | | |
| <input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219) | | | |
| <input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. | | | |

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32).

Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

| | | | |
|---------------------------|---|---|--|
| Please Select One: | <input checked="" type="checkbox"/> Customer Number | <input type="checkbox"/> US Patent Practitioner | <input type="checkbox"/> US Representative (37 CFR 11.9) |
| Customer Number | 43850 | | |

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

| | | | |
|---------------------------------|---|---------------------------------|---------------------------------|
| Prior Application Status | | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| This application | National Phase of | PCT/US2004/041004 | 12/03/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/623,387 | 10/29/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/614,518 | 09/29/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/592,744 | 07/29/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/570,282 | 05/11/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/555,813 | 03/23/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/539,387 | 01/26/04 |
| PCT/US2004/041004 | An application claiming the benefit under 35 USC 119(e) | 60/526,796 | 12/03/03 |

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| | | | |
|---|----------------|---------------------------------|---|
| Application Number | Country | Filing Date (YYYY-MM-DD) | Priority Claimed |
| PCT/US2004/041004 | WO | 2004-12-03 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Foreign Priority Data may be produced within this form by adding a row beneath this row. | | | |

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| Application Data Sheet 37 CFR 1.76 | | Attorney Docket Number | 40853-5145-US01 |
| | | Application Number | 10/579,620 |
| Title of Invention | GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR | | |

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here. ☒

| Prefix | Given Name | Middle Name | Family Name | Suffix |
|--------|------------|-------------|-------------|--------|
| | | | | |

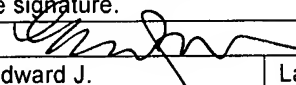
Mailing Address Information:

| | | | |
|---------------|--|----------------|--|
| Address 1 | | | |
| Address 2 | | | |
| City | | State/Province | |
| County | | Postal Code | |
| Phone Number | | Fax Number | |
| Email Address | | | |

Additional Assignee Data be produced within this form by adding a row beneath this row.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18: Please see 37 CFR 1.4(d) for the form of the signature.

| | | | | | |
|------------|---|-----------|-------------------|---------------------|--------|
| Signature |  | | Date (YYYY-MM-DD) | 2007-04-16 | |
| First Name | Edward J. | Last Name | Baba | Registration Number | 52,581 |